

HEATING AND COOLING PERMIT APPLICATION

If faxed, payment must be received in 5 business days.

Permit Number HTG _____		Permit Fee \$ _____		Date _____	
A. ADDRESS: NUMBER N-S-E-W STREET NAME APT # _____ IF THIS BUILDING HAS MULTIPLE ADDRESSES: LOWEST NUMBER _____ HIGHEST NUMBER _____		K. PRIMARY ENERGY SOURCE: _____ 1) ELECTRIC _____ 2) GAS _____ 3) OIL _____ 4) SOLAR _____ 5) STEAM _____ 6) WATER _____ 7) GEOTHERMAL		L. SECONDARY ENERGY SOURCE: _____ 1) ELECTRIC _____ 2) GAS _____ 3) OIL _____ 4) SOLAR _____ 5) STEAM _____ 6) WATER _____ 7) GEOTHERMAL	
B. OWNER OF THE PROPERTY: NAME _____ ADDRESS _____ NUMBER N-S-E-W STREET NAME APT # _____ CITY _____ STATE _____ ZIP CODE _____ TELEPHONE NUMBER (_____) _____ EMAIL ADDRESS _____		M. Is this location in a designated flood area? If so, is the current equipment operational? _____ YES _____ NO _____ N/A			
C. USE OF STRUCTURE: (CHECK ONE) _____ 1) ONE FAMILY _____ 2) TWO FAMILY _____ 3) NON-RESIDENTIAL _____ 4) MULTI-FAMILY/CONDOS (3 OR MORE UNITS)		N. Is this scope of work only extending a new gas line to service a listed appliance? _____ YES _____ NO			
D. PERMIT TYPE: (CHECK ONE) _____ 1) ADDITION _____ 2) INSTALLATION - Existing Structure _____ 3) NEW INSTALLATION _____ 4) REPLACEMENT		O. Will any electrical work be accomplished under this permit? _____ YES _____ NO			
E. DETAILED SCOPE OF WORK: _____ _____ _____ _____		P. Will any ductwork or other type of transfer be involved under this permit? _____ YES _____ NO			
F. VALUE OF HVAC WORK: \$ _____		Q. TYPE OF SYSTEM OR EQUIPEMENT: _____ 1) COOLING SYSTEM _____ 2) HEATING SYSTEM _____ 3) COMBINED HTG & CLG _____ 4) REFRIGERATION			
G. CONSTRUCTION DESIGN RELEASE: _____		R. BTUs (input) TOTAL HEATING BTUs _____ Number of Units _____ TOTAL COOLING BTUs _____ Number of Units _____ TOTAL REFRIGERATION BTUs _____ Number of Units _____			
H. STRUCTURAL PERMIT NUMBER _____		S. CONTRACTOR RESPONSIBLE FOR HVAC PERMIT: If the applicant is obtaining the permit for a contractor which is licensed with the Department of Business and Neighborhood Services, please complete the following information: _____ Business Name _____ Business License Number: _____			
I. SQUARE FOOTAGE _____		I AFFIRM, UNDER PENALTIES OF PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE. _____ Applicant Name _____ _____ Date _____			
J. TYPE OF HEATING OR COOLING: _____ 1) FORCED AIR _____ 2) HEAT PUMP _____ 3) REFRIGERANT _____ 4) VARIABLE AIR VOL _____ 5) HIGH PRESS STEAM _____ 6) LOW PRESS STEAM _____ 7) POOL HEATER _____ 8) MEDIUM PRESS STEAM _____ 9) RADIANT _____ 10) INDUSTRIAL PROCESSING		Applicant Signature _____ Applicant License Number: _____ Applicant Email Address: _____ Telephone Number: (_____) _____ Fax Number: (_____) _____			